

FILED JUL 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18068

State File No.

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 44

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| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Smithville</u> | | c. LENGTH OF STAY (in this place) <u>10 Weeks</u> | c. CITY OR TOWN <u>Gashland RFD</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smithville Community Hosp.</u> | | a. STREET ADDRESS (If rural, give location) <u>4 miles west of Gashland</u> | |
| d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Phillip</u> c. (Last) <u>Pennington</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 3, 1955</u> | | |
| 5. SEX <u>Ma</u> | 6. COLOR OR RACE <u>Wh</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 14, 1885</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>Martin Pennington</u> | | 13b. MOTHER'S MAIDEN NAME <u>Susan Ella Davis</u> | | 14. NAME OF HUSBAND OR WIFE <u>Irma Pennington</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. E. P. Pennington Gashland, Mo.</u> | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Biliary Cholecystitis</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Choleliths & Stones</u> | | |
| | DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>S. V. Valvular heart disease Myocardial degeneration</u> | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>Choleliths - Stones - Cholecystitis 58+</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from Jan, 1935, to July 3, 1955, that I last saw the deceased alive on July 3, 1955, and that death occurred at 4 1/2 m. from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> | | 23b. ADDRESS <u>Smithville Mo.</u> | | 23c. DATE SIGNED <u>7/5/55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7-6-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Second Creek Cem.</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Platte County, Missouri</u> | | | | | |

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| DATE REC'D BY LOCAL REG. <u>7-6-55</u> | | REGISTRAR'S SIGNATURE <u>Alice Humphries Deputy</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McComas Funeral Home Smithville, Mo.</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 22 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Donald W. Hanks*

Licensed Embalmer No *452*

P. O. Address *Smithville, Va*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.